

**WASHINGTON STATE UNIVERSITY
Modified Duties Request Form**

This form is to be used in accordance with the Faculty and Staff Modified Duties Guidelines.

Faculty or Staff Member: Please complete	
Print Name	WSU ID Number
College/School/Area	Department
Campus Address	Campus Phone

Requested period of Modified Duties (specific or approximate) __/__/__ through __/__/__

Reason for Request
<input type="checkbox"/> I am the primary care giver for a family member who requires assistance due to a serious health condition.
<input type="checkbox"/> I am the primary care giver for a family member who requires assistance as the result of being injured while in active duty for the armed services.
<input type="checkbox"/> I am the parent or in a parental role and share primary care giving responsibilities for a child who has recently entered the home.
<input type="checkbox"/> Please specify the reason for your request if the above selections are not appropriate
<i>I understand that I will continue to perform a full work load while participating in the modified duties process, if approved. In the event I find I need to reduce my work load, and may not be able to perform the identified duties due to the need to work a reduced scheduled, I may need to pursue this as a leave request and will contact HRS immediately.</i>

- Attached is a plan of proposed modified duty activities.
 The plan has has not been discussed with my dean/chair/director/supervisor (circle all that apply).
- Attached is the medical information supporting my request.
 Medical records are not to be submitted or maintained at the department level. All medical records are to be submitted to Human Resource Services.

Forms for medical leave and FAQ's can be found at: www.hrs.wsu.edu/benefits or by calling (509) 335-4521.

Employee's Signature	Date
Department Head/Chair/Director	Date <input type="checkbox"/> Approve <input type="checkbox"/> Deny
Dean/Vice President	Date <input type="checkbox"/> Approve <input type="checkbox"/> Deny
Provost	Date <input type="checkbox"/> Approve <input type="checkbox"/> Deny

**Please submit completed form and materials to:
HRS - 139 French Administration - campus zip 1014 - Fax 509-335-1259**